

BUSINESS REGISTRATION APPLICATION
CITY OF TILLAMOOK
2211 3RD Street Ste A
TILLAMOOK, OR 97141
503-374-1824
Fax 503-842-3445
klaxson@tillamookor.gov

NOTICE: Acceptance of business registration application does
not certify that applicant has complied with all City Code provisions.

All information must be completed before application will be accepted
Please review, make any additions or corrections, sign and return to City Hall with payment

Please print or type information.

Business Name: _____ Business Phone: _____

Email Address _____ Fax _____

Business Street Address: _____

Business Mailing Address: _____

Business EIN/SS: _____

Business Owner's Name: _____ Phone: _____

Additional Business Owners Name: _____ Phone: _____

Type of business to be conducted: _____

Delivery ☐ Soliciting/ Door to Door ☐ **IMPORTANT: If delivering food or soliciting food products
door to door, you must first check with Tillamook County Environmental Health for requirements.**

Number of On-Site Employees-Full Time: _____ **Part Time:** _____
(Owner(s) counts as one employee)

Date Submitted

Print Applicant's Name

Applicant's Signature

OFFICE USE ONLY

Receipt No. _____ Date Paid _____ Application No. _____ Date Certificate Mailed _____
=====



Business Name _____

Address _____

Signature (City Recorder)

"VOID if not signed by City Recorder"

☐ Annual

License # _____

☐ Temporary

Issue Date _____